

METHOD OF PAYMENT



	Money Order		Check		Visa/Master Card		Discover Card		American Express
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Visa/Master Card Exp. Date

Discover Card Exp. Date

American Express Exp. Date

Three digits security code on back of the card # _____

I authorize K-LAK Corporation to charge my Company's credit card or my Personal credit card for billing purposes for services rendered. Please keep my credit card information on file for further use until written or verbal notice from me to cancel.

Company Name: _____

Name: _____
[PLEASE PRINT OR TYPE NAME]

Address: _____

City: _____ State: _____ Zip: _____

Phone number: () _____ Cell number: () _____

Email: _____

Signature: _____ Date: _____
Cardholder